

Case Number:	CM15-0098699		
Date Assigned:	06/12/2015	Date of Injury:	11/18/2013
Decision Date:	07/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained a work related injury November 18, 2013. While lifting a hose filled with water, he felt a painful pop to his lower back. He was treated with pain medication, anti-inflammatory agents, physical therapy, lumbar epidural injections, and a back support. X-rays and an MRI of the lower back were performed. Past history included hypertension and diabetes. According to an initial orthopedic evaluation performed February 9, 2015, the injured worker has an antalgic gait and uses a cane. Diagnosis is documented as lumbar spine radiculopathy. The physician documented he is a candidate for a lumbar arthrodesis at the L4-L5 and L5-S1, but the injured worker does not want to proceed with surgical intervention at this time. Additional aquatic therapy was ordered. According to a primary treating physician's progress report, dated March 20, 2015, the injured worker presented reporting the prescribed medication, use of an interferential unit at home, and acupuncture has been helping his symptoms. To date, he has received 4 session of chiropractic treatment. He does have complaints of lower back pain, headaches with dizziness, right lower extremity pain, associated with weakness and disruption in sleep-wake cycles. There is tenderness to palpation over the right paralumbar muscles, palpation of the right sciatic notch produces pain radiating to the right leg, and mild atrophy noted on the right leg. There is tenderness to palpation over the medical right knee joint, McMurray's test is positive for medial meniscus abnormality. Diagnoses are sprain/strain lumbar spine with right lower extremity radiculopathy, erectile dysfunction, and herniated disc L4-L5(MRI 12/2014); sprain/strain, right knee; sleep disturbance. Treatment plan included topical medications, home exercise, continuing acupuncture and chiropractic treatment and evaluation. At issue, is the request for authorization for Alprazolam ER.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Alprazolam 1mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured in 2013. There was a back strain. There is no mention of anxiety or severe muscle spasm. There is pain in multiple areas and sleep disturbance. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary following the evidence-based guideline.